

Rec'd PCT/PTO - 9 JAN 2006

RECEIVED
CENTRAL FAX CENTER
DEC 27 2005**FAX TRANSMISSION****DATE:** December 27, 2005**PTO IDENTIFIER:** Application Number 10/549,398
Patent Number
Inventor: Eldad Torbati**MESSAGE TO:** US Patent and Trademark Office
FAX NUMBER: (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Brian M. Gaff
PHONE: (617) 517-5597
Attorney Dkt. #: 64030(52398)**PAGES (Including Cover Sheet):** 16**CONTENTS:** Certificate of Transmission (1 page)
Transmittal form (1 page)
Supplement to Information Disclosure Statement Originally Filed on 12/5/05 (2 pages)
IDS Statement by Applicant (1 page)
Copy of originally filed IDS on 12/5/05 (10 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5584 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

PTO/SB/87 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/549,398

Attorney Docket No.: 64030(52398)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 27, 2005
Date

Jacqueline Andreu-Ponte
Signature

Jacqueline Andreu-Ponte
Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5585
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal form (1 page);
Supplement to Information Disclosure Statement Originally Filed
on 12/5/05 (2 pages);
IDS Statement by Applicant (1 page);
Copy of originally filed IDS on 12/5/05 (10 pages)

RECEIVED
CENTRAL FAX CENTER

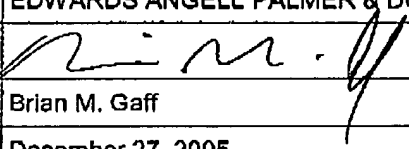
DEC 27 2005

Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/549,398 |
| | Filing Date | September 13, 2005 |
| | First Named Inventor | Eldad Torbati |
| | Art Unit | N/A |
| | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 64030(52398) |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission (1 page); Supplement to IDS Statement originally filed on 12/5/05 (2 pages); IDS Statement by Applicant (1 page); Copy of originally filed IDS on 12/5/05 (10 pages). |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | |
| Signature |  | |
| Printed name | Brian M. Gaff | |
| Date | December 27, 2005 | Reg. No. 44,691 |

BOS2_520030.1

BMG

COPY

Inventor: Eldad Torbati

Atty Docket No.: 6403052398

Application No.: 10/549,398

Filing Date: September 13, 2005

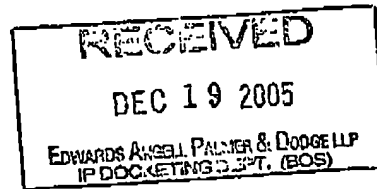
Title: CELLULITE ULTRASOUND TREATMENT

Documents Filed:

Certificate of Express Mailing (1 page)
Transmittal Form (1 page)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (1 Reference) (1 page)
Non-patent literature document (C1) (5 pages)

Via: Express Mail Label No. EV756266272US

Sender's Initials: BMG/jia



Date: December 5, 2005



SB

COPY

Application No. (if known): 10/549,398

Attorney Docket No.: 64030(52398)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Label No. EV756266272US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On December 5, 2005
Date


Signature

Jacqueline Andreu-Ponte
Typed or printed name of person signing Certificate

Registration Number, if applicable (617) 517-5585
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 page);
Information Disclosure Statement (2 pages);
IDS (Citation) by Applicant (1 Reference) (1 page);
Non-patent literature document (C1) (5 pages); and
Return Receipt Postcard.

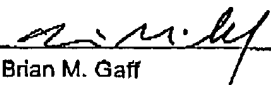
BOS2_520015.1

COPYExpress Mail Label No. EV756266272US
PTO/SB/21 (09-04)Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|--------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/549,398 |
| | Filing Date | September 13, 2005 |
| | First Named Inventor | Eldad Torbati |
| | Art Unit | N/A |
| | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 64030(52398) |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Form (1 page); Certificate of Express Mailing (1 page); IDS Statement by Applicant (1 page) Non-patent literature document (C1) (5 pages); Return Receipt Postcard |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature |  | | |
| Printed name | Brian M. Gaff | | |
| Date | December 5, 2005 | Reg. No. | 44,691 |